

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND													
1 Date of Request: _____		2 Serial/Patent # _____											
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT									
	Filing			\$									
	Amendment			\$									
	Extension of Time			\$									
	Notice of Appeal/Appeal			\$									
	Petition			\$									
	Issue			\$									
	Cert of Correction/Terminal Disc.			\$									
	Maintenance			\$									
	Assignment			\$									
	Other			\$									
		7 TOTAL AMOUNT OF REFUND		\$									
		8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check											
	Overpayment	Credit Deposit A/C #:											
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
	No Fee Due (Explanation):												
11 REFUND REQUESTED BY:													
TYPED/PRINTED NAME: _____		TITLE: _____											
SIGNATURE: _____		Adjustment Date: 07/28/2005 PRIDWELL 0371/2005 LLAHD6KA 00000024 194675 10527284 02-10-1002 500.00 CR											
OFFICE: _____													
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****													
APPROVED: _____		DATE: _____											

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**